

Jim Doyle
Governor

Roberta Gassman
Secretary

Frances Huntley-Cooper
Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION

201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Imaging Server Fax: (608) 260-2503
Fax: (608) 267-0394
<http://www.dwd.state.wi.us/wc/>
e-mail: dwddwc@dwd.state.wi.us

November 29, 2002

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Please submit a Wage Information Supplement, form WKC-13-A.

The expected date you reported for submitting the Wage Information Supplement has passed and we have no record of receiving it.

Failure to respond to this request within 30 days may result in sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance, under s. 601.64, Wis. Stats.

To submit this report electronically and find out what other reports are due, go to the Worker's Compensation web site's Insurer's Pending Reports at:
http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL45A (N. 11/2002)